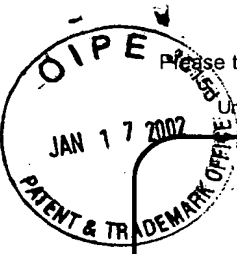


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/834,637
		Filing Date	04/16/2001
		First Named Inventor	Robert P. Haas
		Group Art Unit	2171
		Examiner Name	Unassigned
Total Number of Pages in This Submission	38	Attorney Docket Number	SAIC0041

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 4 attachments to IDS (34 pages); Postcard receipt.
Remarks		<div style="text-align: center;"> RECEIVED JAN 23 2002 Technology Center 2100 </div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	A. Jose Cortina, Reg. No. 29,733
Signature	
Date	November 21, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: November 21, 2001			
Typed or printed name	Karyn Grimm, Assistant		
Signature		Date	November 21, 2001

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Docket No. SAIC0041

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Robert P. Haas, et al

Group Art Unit: 2171

Serial No: 09/834,637

Examiner: Unassigned

Filed: 04/16/2001

For: Spatially Integrated Relational Database Model
With Dynamic Segmentation (SIR-DBMS)

RECEIVED

JAN 23 2002

INFORMATION DISCLOSURE STATEMENT

Technology Center 2100

Assistant Commissioner of Patents
Washington, D.C. 20231

Sir:

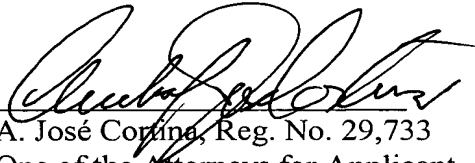
In accordance with the requirements of 37 C.F.R. §§ 1.56, 1.97-1.98, and MPEP § 609, Applicant(s) hereby bring the references noted on the attached Form PTO-1449 to the attention of the Patent Examiner. Copies of the references are attached.

The above information is presented so that the United States Patent and Trademark Office may, in the first instance, determine the materiality, if any, of the noted references to the claimed invention. See 37 C.F.R. § 1.104(a)(1998) (conferring upon the PTO the duty to consider and use any such information). It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom. Please note that in some cases the exact date of publication of the attached documents was unascertainable. Nonetheless, for the sake of completeness, such publications are submitted herewith for the Examiner's consideration.

If the Patent Examiner has any questions or wishes to discuss this application, the Patent Examiner is kindly requested to telephone the undersigned.

No fees are believed to be necessary, however, the Office is hereby authorized to charge Deposit Account No. 501458 for any deficiencies. A copy of this correspondence is attached solely for this purpose.

Respectfully submitted,



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Telephone: 919-420-1820
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Dated: November 21, 2001

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